

A Regular Meeting of the Durham County Board of Health, held March 11, 2010 with the following members present:

William Burch, Sue McLaurin, Ronald Spain, William Small, Nicholas Tise, James Miller, Sandra Peele, and Heidi Carter.

Excused Absence: Michael Case

Absent: Brenda A. Howerton, John. Daniel, Jr., MD

CALL TO ORDER: Mr. Burch, Chairman, called the meeting to order with a quorum present.

REVISIONS TO THE AGENDA: There were no revisions to the agenda.

APPROVAL OF MINUTES: Ms. Sue McLaurin made a motion to approve the minutes of January 14, 2010. Dr. Jim Miller seconded the motion and the motion was approved.

BUDGET RATIFICATIONS: The Health Director recommended formal approval of the following ratifications.

- a. Recognize a one-time contribution from Family Health International in the amount of \$500. The World AIDS Day (WAD) activities planning committee purchased T-shirts with special WAD messages. Different size T-Shirts with printed messages on the front and back were purchased and distributed to WAD participants. Family Health International (FHI) has reimbursed the health department for the total amount (\$500) spent on T-shirts.
- b. Recognize one-time funds in the amount of \$3426 from the March of Dimes for the Maternal Health Program. These funds will be used to purchase materials to support the Centering Pregnancy Project in the Maternity Clinic.
- c. Recognize \$50,000 from the Department of Health and Human Services for the Child Health Program. This grant is awarded specifically for the development and implementation of the Strengthening Families project for Durham County Students. The Health Department will serve as a fiscal agent for this project, and will contract with Communities in Schools to administer the project. Communities in Schools is already involved with similar projects, and has staff trained and able to start immediately. Durham Co-operative Extension will also be a partner in this project, using separate funding.
- d. Recognize one-time funds from the NC Diabetes Education Recognition Program for operational expenses related to the Health Department's Diabetes Self-Management Education Program. Funds will be used for required training and travel for nutritionists

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who conduct diabetes self-management education for Durham County Health Department.

- e. Recognize one-time Title X Bonus funds in the amount of \$17,856 for the Family Planning Program. These funds are being distributed by the state to all counties in North Carolina. These funds will be used to purchase pharmacy supplies for use in the Family Planning Clinic and for telephone language support.
- f. Recognize one-time funding in the amount of \$5,950 from Results Based Accountability to the Partnership for A Healthy Durham sub-committees of Access to Care, HIV/STD and Obesity and Chronic Illness. Funds will be used for miscellaneous supplies and printing.
- g. Recognize on-time Project Soul funds in the amount of \$10,000. Project Soul is a health promotion/risk reduction initiative that is designed to increase physical activity, improve dietary choices, and provide skill building and educational training in selected African American churches in Durham. Ms. Sue McLaurin asked if the churches had already been identified for this project. Gayle said we would send her the names and locations of the identified churches.
- h. Recognize one-time funds in the amount of \$32,964 from Duke University Health Inequalities Program to reimburse the health department for the services of a health educator

BUDGET AMENDMENTS: The Health Director recommended formal approval of the following amendments.

- a) Recognize one-time funding in the amount of \$33,254 from the NC Department of Human Services. Funding expands the HIV Testing Jail Screening program.
- b) Recognize one-time Family Planning Title X Bonus Funds in the amount of \$15,880. These funds are being distributed by the state to all counties in North Carolina. These funds will be used to purchase pharmacy supplies to use in the Family Planning Clinic printing and the telephone language support.

Dr. Ronald Spain made a motion to approve budget ratifications and amendments. Ms. Sue McLaurin seconded the motion. The motion was approved.

INMATE MEDICAL COSTS UPDATE: (*Patrick Cummiskey*)

Mr. Cummiskey presented an overview of the medical services provided in the jail. In Durham County over 9000 inmates are served by Correct Care Solutions (CCS) per year. This is a population that has significant chronic care needs. This is a population that has typically been non-compliant with treatment regimens in the past. A high percentage of the

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population is also indigent. The key components of the program include the following:

- Intake Process – medical questionnaire
- Sick Call – headache, wound, chest pain, etc
- Health Assessments – complete physical if you have been in the facility for at least 14 days
- Chronic Care – Asthma, hypertension, diabetes, etc. HIV cost continues to sky rocket in the facility. Durham County is seeing on a per inmate basis HIV rates that are consistent with Virginia, Washington, DC and Los Angeles. Durham County's HIV rate is even higher than the Midwestern states. 50 percent of the inmate population has AIDS which requires more expensive treatment medications. Total HIV medication costs increased from \$6.63 per inmate per month in 2005 to \$20.42 per inmate per month in 2009.
- Medication Administration – focus on administering medications to inmates 24/7.
- Utilization Management – maximizing resources

Mr. Cummiskey continued to show the increase in medical cost per inmate which resulted from catastrophic hospitalization expenses. Total costs for medical services for FY 09 -10 are projected to be approximately \$2.9 million. Mr. Cummiskey thanked the health department and the Board of Health for their continued support and stated that he looked forward to continuing to meet the needs of Durham County. Correct Care Solutions requested a 3.25 percent increase (\$91,086) in the FY 10-11 budget.

Gayle Harris stated that there has been a 3.5 percent increase in the medical consumer price index based on January figures. Gayle Harris will discuss the requested increase in the CCS contract at the health department's FY 10-11 budget meeting with the County Manager.

PROPOSAL TO INCREASE FEES: (*Pam Weaver, Robert Brown, Becky Freeman*)

Immunization Fees – Pam Weaver

Effective December 1, 2009 changes were made to the North Carolina Immunization Program (NCIP) due to substantial reductions in state appropriations. Vaccines that were previously free to ALL children 6 weeks through 18 years are no longer free to this age group UNLESS the child is eligible for the Vaccines for Children (VFC) Program.

Local health department (LDH) wishing to vaccinate non-VFC children will need to establish fee-for-service vaccines privately purchased by the LHD.

LHDs are now allowed to charge an out-of-pocket fee for state-supplied vaccine administration when:

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The patient/family is uninsured or underinsured **and** the family income is above 200% of the federal poverty level.

Maximum rate a LHD may charge is based on the Medicaid reimbursement rate for vaccine administration on the date of service.

If the patient/family is uninsured or underinsured and the family income falls below 200% of the poverty level or is VFC eligible and states an inability to pay, an out-of-pocket fee may **not** be charged

Potential Operational Changes Based on Recommendations:

- Immunization services will be offered on an appointment basis. Walk-in patients will be offered services as the clinic allows.
- Appointments will allow information dissemination of immunization fee changes, VFC qualification criteria, insurance billing and coverage information required and the need for family income assessment.
- Patients will continue to be screened at every visit for VFC-eligibility.
- An additional screening process of obtaining 3rd party insurance billing information, family income and fees assessed for vaccines will occur.

Individuals with private health insurance will be required to provide billing information as well as vaccine insurance coverage criteria.

Recommendations to the Board of Health:

- Update and approve established fee-for-service vaccines.
- Approve new fee-for service CDC recommended vaccines for non-VFC patients.
- Consider an out-of-pocket fee for vaccine administration to patients uninsured or underinsured and the family income is above 200% of poverty level.
- Consider billing 3rd party insurance companies for vaccines provided to insured patients.
 - Consider requiring payment at the time of visit for the portion not covered by insurance.
 - Consider billing insurance for vaccines and subsequently billing the patient for the portion not covered by insurance.
 - Consider requiring insured patient to pay for the vaccine and submit their own claims to their insurance companies.

Dr. Jim Miller made a motion to increase the cost of vaccine per dose by 20% plus administration fees rounded to the next whole dollar. The patient would be required to file his / her insurance claims. Nicholas Tise seconded the motion and the motion was approved. The health department will monitor and report to the board on a quarterly basis the number and type of vaccines administered, patient ages and amount of revenue generated.

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Environmental Health Fees – Robert Brown

The Environmental Health Division has completed its annual fee schedule review. The fee schedule was last revised on July 1, 2008. In the 2008 revision, fees associated with well and septic system activities were increased. This current proposal recommends adjustments in well, pool, tattoo, and plan review fees. Fees related to Pool Inspections have remained unchanged for at least ten years. The proposed fees are within the range of those charged in 2009 by Person, Orange, Chatham and Wake Counties. Fee adjustments would be effective July 1, 2010.

- Well Permit: The current fee of \$350 will rise to \$425. Surrounding county fees (2009) are Orange (\$430), Wake (\$400), Chatham (\$340), and Person (\$300).
- Pool Plan Review (includes initial permit): The current fee of \$200 will rise to \$250. Orange, Wake and Chatham charge between \$200 and \$250.
- Individual Swimming Pool Permit: The current fee of \$150 will rise to \$200. Surrounding county fees (2009) are Orange (\$125), Wake (\$275), Chatham (\$175), and Person (\$100).
- Each additional Pool per Complex: The current fee of \$75 will rise to \$150. Surrounding county fees (2009) are Orange (\$125), Wake (\$275), Chatham (\$175), and Person (\$100). Note that these counties do not have a lesser fee for each additional pool in a complex. Durham has charged less for these pools due to efficiencies that come from inspecting multiple pools in the same location.
- Wading Pool or Spa Permit: The current fee of \$40 will rise to \$100. Person, Chatham, Orange and Wake Counties do not have a lesser fee for wading pools or spas. Durham has charged less for these pools. There are fewer inspection requirements to enforce and wading pools and spas are often in the same complex as other pools under inspection.
- Pool Permit Inspection Revisit Fee: Currently, there is no fee associated for return visits if the pool is not ready for permitting at the pre-scheduled opening inspection. The proposed fee is \$50 for return visits. Wake County currently has a revisit fee of \$75 and Person charges \$30.
- Tattoo Artist Permit: The current fee of \$100 will rise to \$150. Surrounding county fees (2009) are Orange (\$165), Wake (\$300), Chatham (\$150), and Person (\$100).
- Food Establishment Plan Review: The current fee is \$100 for establishments with less than 50 seats and \$200 for establishments with greater than 50 seats. The proposed fee is \$250 for all establishments. On August 15, 2009, G.S. 130A-248(e) was amended in NC Session Law to allow counties to increase the \$200 restaurant plan review fee to \$250. Surrounding county fees (2009) are Orange (\$125), Wake (\$200), Chatham (\$200), and

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Person (\$100). These counties do not distinguish between establishments with fewer or greater than 50 seats when assigning fees.

- Existing Establishment Plan Review (change in ownership): A \$100 fee is proposed for the plan review that is required when an establishment changes ownership. A review of establishment operations is necessary to ensure code compliance. For example, changes in ownership often result in modification of menus and operational parameters.
- Reconnection Permit: The current fee of \$125 will rise to \$150. Surrounding county fees (2009) are Orange (\$125), Wake (\$200), Chatham (\$100), and Person (\$150).

Mr. Nicholas Tise made a motion to approve the proposed environmental health fees effective July 1, 2010. Mr. William Small seconded the motion and the motion was approved.

Nutrition Fees – Becky Freeman

Diabetes is the fifth leading cause of death in Durham County. The American Diabetes Association Standards of Care recommends individualized diabetes self management training as a critical component of care. Yet, in Durham County, 51% of individuals with diabetes or their families have never taken a course or class in how to manage their diabetes.

Durham County Health Department is working with the State Diabetes Control Branch to complete the American Diabetes Association requirements to be a recognized provider of Diabetes Self Management Training (DSMT) to individuals with diabetes. The goal for program participants is improved control of their diabetes through use of self management skills that focus on correct medication use, healthy diets, appropriate physical activity, stress management, and self blood glucose monitoring. The DSMT program involves 10 hours of self management training including an individual assessment, 8 hours of self management training group classes and a follow-up session 3 months after the last class. Annual follow-up sessions are recommended. Recognized providers can bill Medicare, Medicaid and some insurance companies for this training.

The two procedure codes for billing Medicare and Medicaid and the recommended fee based on Medicaid reimbursement are:

- G0108 - DSMT, Individual, per 30 minute increment unit\$25.24/unit
- G0109 - DSMT, Group, per 30 minute increment units\$14.14/unit

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We recommend charging individuals who have no third party coverage for DSMT using the Health Department sliding scale fee schedule of 250% of poverty level.

Mr. William Small made a motion to approve charging individuals who have no third party coverage for DSMT using the health department sliding scale fee schedule of 250% poverty level. Ms. Sue McLaurin seconded the motion and the motion was approved.

PRESENTATION OF FY 2010 BUDGET: (*Gayle Harris*)

Gayle Harris provided an overview of the recommended FY 10-11 budget. The health department was directed to make a 3% budget reduction which was \$416,000. The health department is in the process of selling the HomeHealth Agency, which will net us our reduction. The Local Governmental General Retirement System (LGGR) had counties to increase their contributions for county employees' retirement by 1.55 percent. That meant that the county benefits increased by \$212,356. The increase will not be absorbed in the health department's budget. Another item that is not included in the budget at the first of the year was the allocation for the Child and Family Support Team nurses assigned to the seven high-risk schools in our community.

Service priorities are as follows:

- Priority#1-10 - HomeHealth Agency
- Priority#11-14 – Grant Related Funds
- Priority#16 – Cost Associated with New Building
- Priority#17 – Assistant Health Director Position
- Priority#18 – Departmental Funds
- Priority#19 – Trust Funds
- Priority#20 – Funds to cover Dental positions

| Gayle will increase FY 10-11 budget by to accommodate -the CCS contract under Priority#17. Total County budget request for FY 10-11 will be \$14,134,304 and the proposed budget is \$20,152,052. Gayle will present the budget to the County Manager on March 25, 2010. The transmittal letter will be revised to reflect the proposed increase for the CCS contract.

FINANCE COMMITTEE RECOMMENDATIONS:

Sue McLaurin, Chairman, Finance Committee made a recommendation based upon the budget figures presented by the health director and the changes that were made to the FY 10-11 budget is presented to the Board of County Commissioners for approval. Ms. Sue McLaurin acknowledged the Health Director and staff for the amount of work that was done in preparing and presenting the budget.

Ms. Heidi Carter made a motion to approve the finance committee's recommendation for FY 10-11 budget. Mr. William Small seconded the motion and the motion was approved.

HUMAN SERVICES COMPLEX UPDATE: *(Gayle Harris)*

The completion date for the new building is still January 2011. The chairs for the waiting area have been selected. There will be a schedule for staff to view a mock-up of a workstation across from the US Post Office on East Chapel Hill Street. Furniture coverings will be selected in the next two weeks. The signage for the new building has been approved. Vendors are being selected for the equipment in the new building. The main entrance for staff and patients will be on Dillard Street until all phases of the project are completed.

Health Director's Report

March 2010

Division/Program: Health Education / Communicable Disease Control (Social Marketing)

Brief program description/statement of goals:

Using grant funding from Central N.C. Partnership for Public Health, a Social Marketing project was initiated in the Division of Health Education. The project focus was to select a small group of residents, 45 years of age and older, conduct focus groups for them to assess their HIV knowledge, perceived risks and behaviors. Then develop a social marketing message and determine the best venue, means and modes to deliver the message.

Goal: Develop clear and effective HIV risk reduction message that resonates with people 45 years of age and older.

Objectives:

- Develop questionnaires
- Conduct 6 focus groups for 60 individuals 45 years of age and older
- Analyze the interview response
- Present the results/analysis to focus group participants
- Develop social marketing message

Issues/Barriers/Challenges/Opportunities:

Challenges:

A significant portion of the process was spent recruiting focus group participants and recovering participants to review the message and provide feedback. Once this task is accomplished, the "Stop, Look and Listen" HIV risk reduction flyer will be distributed to the public at large.

Opportunities:

Community participation and input in the design and delivery of public health messages will, hopefully, enhance acceptability and trustworthiness of the message.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

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Increased acceptability of the message will thereby increase testing for HIV, and decrease HIV risk reduction practices.

Next Steps/Mitigation Strategies:

Continue effort to recover participants in the initial focus groups in order to gain their input and conclude the process.

Division/Program: Dental Division

Brief program description/statement of goals:

The Dental Division strives to improve the oral health of economically disadvantaged children as well as provide oral health education to the community in Durham County by providing:

- Dental services for children 3 to 20 years of age in the dental clinic and K through 5th grades at selected Durham Public Schools using the dental van.
- Annual screenings in target elementary grades at Durham public Schools and Head Start at Operation Break Through, Inc. and provide educational presentations for schools and some community organizations as time in the clinic permits.

Issues/Barriers/Challenges/Opportunities:

20% of school aged children in Durham Public Schools are observed to have urgent dental needs in the annual dental screenings as a result of poor access to dental care.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- The fifth annual national “Give Kids a Smile” day was observed by the Dental Division during the morning session of February 5, 2010. The American Dental Association promotes this initiative in order to provide dental services for children who are uninsured and unable to access the system. Despite the severe weather conditions 14 children were provided 64 procedures that ranged from cleanings to extractions.
- Five Pedodontic residents from the UNC School of Dentistry assisted with providing dental care which increased the number of children receiving dental care despite the weather conditions.
- The Durham Herald Sun and the News and Observer provided media coverage.

Next Steps/Mitigation Strategies:

Continue to take advantage of opportunities to increase the number of children with poor access to dental care to receive the dental care that they need

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Division/Program: General Health Services Division/Laboratory

Brief program description/statement of goals:

To provide specimen collection, specimen processing and laboratory testing for the Health Department Clinics, Environmental Health, Early Intervention Clinic, Syphilis Elimination Project, Lincoln Community Health Center OB Clinic, Lead Elimination Action Project, Hillside High School Wellness Center, Strategies to Target Testing for Acute HIV Infection (START) Program and The Women's HIV SeroIncidence Study (ISIS).

Issues/Barriers/Challenges/Opportunities:

- Provided specimen collection and laboratory support for an acute hepatitis B outbreak in a long term care facility.
- Provided specimen collection and laboratory support for two QuantiFeron TB contact investigations.
- Provided laboratory support for norovirus outbreaks.
- Provided phlebotomy training for two NC Disease Investigation Specialists.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

Continued provision of high quality laboratory services for communicable disease investigations, in addition to routine clinic services

Next Steps/Mitigation Strategies:

Expansion of in-house laboratory testing and services in preparation of moving into the new Human Services Complex

Division/Program: General Health Services Division / Sexually Transmitted Disease Program

Brief program description/statement of goals:

The primary purpose of the Sexually Transmitted Disease Control Program is to provide screening, treatment, reporting and follow-up for sexually transmitted diseases (STDs). The program also provides client education for STD prevention, referral for immunizations, substance abuse, sexual abuse, mental health or other medical issues (hypertension, diabetes, asthma, etc.) identified in their clients, partner evaluation and treatment, and research opportunities through its collaboration with the University of North Carolina (UNC) Division of Infectious Diseases.

Issues/Barriers/Challenges/Opportunities:

Continue enrollment in the NIH-sponsored study (BRAVO) evaluating the treatment of asymptomatic bacterial vaginosis to prevent STDs among young women.

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Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
The BRAVO study is testing to see if increased testing and treatment of bacterial vaginosis, a vaginal infection that is not an STD, will help reduce chances of women getting gonorrhea and Chlamydia.

Next Steps/Mitigation Strategies:

Continue enrollment, by UNC Infectious Disease staff, of women from the STD clinic who qualify for the BRAVO research study. .

Division/Program: General Health Services Division / Immunization Program

Brief program description/statement of goals:

To promote public health through the identification and elimination of vaccine-preventable diseases and focusing efforts on:

- Reducing the spread of vaccine preventable childhood diseases by assuring that individuals are age appropriately immunized;
- Eliminating barriers that delay or prevent delivery of immunizations, and to assure the safe delivery of vaccines;
- Ensuring that vaccine-preventable disease outbreaks are identified, monitored and managed;
- Providing education and outreach;
- Utilizing and promoting the North Carolina Immunization Registry.

Issues/Barriers/Challenges/Opportunities:

Received shipments of H1N1 vaccine from October 5 to date:

- 20,920 doses of inactivated injectable vaccine
- 7,440 doses of live virus intranasal mist.

H1N1 vaccines administered through February 28, 2009:

- 19,429 inactivated doses
- 6,207 doses of live virus mist

Activities:

- Provided weekly aggregate H1N1 influenza vaccine use reporting to the NC Department of Health and Human Services, Division of Public Health
- Continue to administer H1N1 vaccines daily in the Immunization Clinic.
- Provided H1N1 vaccines at outreaches including the Department of Social Services (35 doses administered), Durham Exchange Club (31), St. Joseph's AME Church (36) and Orange Grove Missionary Baptist Church (47).

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- Managed an acute hepatitis A case in a Burmese refugee child from a camp in Thailand with 19 contacts identified and provided prophylaxis
- Managed 2 pertussis cases, both involving day care settings (one case with 10 contacts being identified and prophylaxed and the 2nd with 24 contacts being identified and prophylaxed)
- Began implementing changes to the Immunization Program as required by the NC Immunization Branch due to decrease in state appropriations for immunizations
- Reviewed the Annual Immunization Rate Assessment with the Regional Immunization Consultant
- Provided immunization services for 27 new refugees (11 Iraqi, 8 Bhutanese, 2 Ethiopian, 3 Vietnamese and 3 from Thailand)

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Prevented secondary transmission of hepatitis A and pertussis among contacts
- Immunization service delivery has been impacted by recent changes to the NC Immunization Program.
- DCHD Immunization Program Annual Immunization Rate Assessment revealed the percentage of children immunized with 4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 Varicella by 24 months of age at the DCHD was 82% and for Durham County was 59%. Comparatively, the NCIR statewide average is 81% for LHD and 59% for counties. The DCHD was credited during this visit with having impressive adolescent immunization coverage rates compared to the rest of the state.
- Services to refugees continue to increase.

Next Steps/Mitigation Strategies:

- Continue with ongoing H1N1 planning including vaccine provision at a university setting.
- Continue H1N1 vaccine distribution to community medical providers.
- Send blast fax alerting medical providers to need to continue H1N1 vaccinations

Division/Program: General Health Services Division / Tuberculosis and Communicable Disease Control Programs

Brief program description/statement of goals:

To eliminate tuberculosis disease by reducing the number of new cases of TB and to control the spread of TB into the general public

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To provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases

Issues/Barriers/Challenges/Opportunities:

- Continue investigation of outbreak of acute hepatitis B in a long term care facility. Five patients have been infected and a prior acute hepatitis B patient from 2006 was also identified. To date, two cases have expired with one cause of death attributable to acute liver failure and the second cause of death unrelated to hepatitis B. The investigation is ongoing in consultation with the State Communicable Disease Branch and the CDC. 97 residents were tested for Hepatitis B and C in January. Majority of residents were also tested for HIV. One patient was diagnosed with Hepatitis C. Blood from some of the acute hepatitis B cases were sent to CDC for molecular typing, and three of the specimens were found to be similar in genetic linkages indicating transmission between cases.
- Managed a case of bacterial meningitis in a 70 year old female with 20 contacts identified and provided prophylaxis
- Managed a second case of meningitis in a 58 year old female reported with 15 contacts identified and provided prophylaxis.
- Investigated and managed outbreaks of norovirus in 7 long term care facilities in collaboration with the Environmental Health staff.
- Received successful conviction of TB Health Law Violator in February. Client will remain incarcerated until September 2010 at which time TB medications should be completed.
- Completed Northern High School initial and follow-up contact testing, and identified 5 people with latent TB infection.
- Identified 66 contacts to TB exposure on the job during ongoing TB contact investigation
- Continue to face challenges of timely investigation and reporting of communicable diseases through the NC Electronic Disease Surveillance System

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- NC Communicable Disease and NC Immunization Program staff assisting with investigation of hepatitis B outbreak in long term care facility. Observed dental services provided in facility.
- Prevented secondary transmission of bacterial meningitis

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- Continued incarceration of TB Health law Violator and ensured continuity of all medical care of Health Law Violator while in medical prison.
- Providing management for 6 persons with latent TB infection due to job exposure.

Next Steps/Mitigation Strategies:

- Continue investigation of hepatitis B outbreak at long term care facility (LTCF). Collaborate with Immunization Program to offer hepatitis B vaccine to LTCF patients who are not immunized. Observe podiatry services at LTCF. Provide infection control recommendations to LTCF.
- Initiate treatment for latent TB infection to identified contacts of TB exposure.
- Maintain infection control monitoring at LTCFs experiencing norovirus outbreaks and ensure control measures are being followed.

Division/Program: General Health Services Division / Pharmacy

Brief program description/statement of goals:

To provide prescribed medications to clients receiving services from the various health department clinics.

To observe and counsel each client for possible drug interactions or any potential problems

To respond to medication inquiries from other programs within the department, the Early Intervention Clinic and the public

Issues/Barriers/Challenges/Opportunities:

Developing proposal from DCHD Pharmacy to the Lincoln Community Health Center (LCHC) Pharmacy to establish a small formulary of medications purchased through LCHC Pharmacy to provide to Early Intervention (EI) Clinic patients. Many times patients are issued prescriptions and referred to the LCHC Pharmacy. Patients would either not go to LCHC or it would take several days, thus not receiving timely therapy.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- The AIDS Drug Assistance Program (ADAP) of North Carolina is undergoing severe budget cuts and some EI Clinic clients may go without needed medications. This proposal would not only help those new patients not covered by ADAP but also current ADAP patients who cannot receive certain medications from ADAP

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- Proposal would make it more convenient to receive needed medications and provide greater compliance for the EI Clinic patients.

Next Steps/Mitigation Strategies:

Proposal is being considered by the Lincoln Community Health Center Pharmacy.

Division/Program: Adult Health/ Breast and Cervical Cancer Control Program (BCCCP)

Brief program description/statement of goals:

The goal of the BCCCP is to promote effective screening strategies for breast and cervical cancer and to reduce the incidence and mortality in Durham County and subsequently North Carolina. The BCCCP provides breast and cervical cancer screening services and diagnostic covered services to 150 eligible women per year who are residents of Durham County. Diagnostic services are provided as a result of abnormal mammography and abnormal pap smears.

Issues/Barriers/Challenges/Opportunities:

- Screened 119 women through the BCCCP as of February 28, 2010. The DCHD BCCCP contracts with the NC BCCCP to provide screening services to 150 eligible women for 2010-2011
- Addressing the challenges of federal/state budgets that determine future funding; yearly changes in funding affect the number of patients that receive care; increases in healthcare costs, and increases in the number of uninsured residents needing screening services.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Detected two cases of breast pathology and one abnormal pap smear requiring follow-up.
- Met target goals for performance-based funding.
- Meeting time commitment to prepare and update patient results, financial information and data entry in a monthly basis.

Next Steps/Mitigation Strategies:

- Continue to provide case management and follow-up of patients with abnormal tests results.
- Continue partnerships with Lincoln Community Health Center, The Durham Rescue Mission, Triangle Residential Options for Substance Abuser (TROSA) and El Centro Hispano to provide services to underserved minority women over 50 years of age.

Division/Program: General Health Services Division / HIV Program

Brief program description/statement of goals:

The purpose of the AIDS Control Program is to provide HIV counseling and testing to all clients seeking services. Further efforts aim to reduce the transmission of HIV/AIDS in the community and to detect those living with HIV/AIDS so as to refer these clients into early medical care and

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treatment. HIV counseling and testing is available, free of charge to all persons requesting testing, in the Sexually Transmitted Disease, Family Planning and Tuberculosis clinics. Additionally, testing is provided at Lincoln Community Health Center through the Durham County Health Department OB clinic, the Durham County Detention Center and in outreach/community settings.

Issues/Barriers/Challenges/Opportunities:

- Received a site review for the OraQuick Rapid Testing Program from the NC Department of Public Health, Communicable Disease Branch staff
- Received the opportunity to assist UNC and the NC Division of HIV Prevention with the Strategies To Target Testing For Acute HIV Infection (START) study, which involves the evaluation of a new 4th generation HIV enzyme immunosorbent assay (EIA) which can simultaneously detects HIV-1/2 antibodies and p24 antigen. The state currently uses real-time pooled HIV RNA testing on seronegative individuals to detect persons with acute HIV infection (AHI). The new 4th generation assay could be more cost beneficial and/or considerably more efficient in diagnosing AHI.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Completed satisfactory site review for OraQuick Rapid Testing Program
- Assisting with the evaluation of AHI algorithms to improve the health outcomes of North Carolinians since acutely infected individuals are at increased risk of transmitting HIV. Future testing could be more cost effective with target groups that are found to be high risk/symptomatic for AHI.

Next Steps/Mitigation Strategies:

- To extend rapid testing, when possible, to clients of our STD clinic (based on staffing and training)
- Initiated specimen collection for the START Program among individuals tested for HIV from the STD clinic.

Division/Program: Community Health/Family Planning

Brief program description/statement of goals:

The Family Planning Clinic is a component of the Women's Health Program in the Community Health Division. The clinic provides comprehensive services relating to methods of birth control with the purpose of preventing unwanted pregnancies and reducing infant mortality.

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Issues/Barriers/Challenges/Opportunities:

Wanda Thompson, WHNP in Family Planning Clinic and candidate for PhD in nursing, submitted a poster to the Southern Nursing Research Society Conference in Austin, Texas on February 4th. Out of 300 abstracts/posters submitted, Mrs. Thompson's was ranked in the top 10. She was also invited to present the poster at the Minority Health Conference in Chapel Hill which she did on February 26th.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
Mrs. Thompson's poster was well received.

Next Steps/Mitigation Strategies:

Please congratulate Wanda Thompson on her accomplishment.

Division/Program: Community Health/Family Care Coordination

Brief program description/statement of goals:

Family Care Coordination or Strong Couples/Strong Children (SCSC) is a relationship skills intervention project designed to strengthen newly forming families. Eligible couples must be over 18, unmarried, and the female member of the couple must be pregnant or must have delivered in the last 3 months.

Issues/Barriers/Challenges/Opportunities:

- Recent changes to the project: The schedule of trainings was changed from once a week for 12 weeks to 2 times a week for 6 weeks. This has created a stronger bond among the participants and has improved the retention rate. This schedule also makes it possible to help more couples in the same 12 week period.
- Change made by the funding agency (Health and Human Services): The original design of the project involved a 3 month waiting period for enrolled couples to serve as a "no treatment control group." In application this design did not work. The funders decided that SCSC could abandon the research model and provide services to enrolled couples and follow with an evaluation component.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
The Family Care Coordination project will continue, and the families can benefit from the relationship skills being taught.

Next Steps/Mitigation Strategies:

The principal investigator, Anne Jones from UNC School of Social Work, hopes to find additional funding after this grant is completed that will focus on a fatherhood initiative.

Division/Program: Community Health/Home Health

Brief program description/statement of goals:

The agency is comprised of registered nurses, a physical therapist, a medical social worker and home health aides. The agency provides in-

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home services to clients who are medically homebound and under physician orders. The Department of Social Services contracts with the agency to provide nursing assessments, personal care and light housekeeping services to eligible clients.

Issues/Barriers/Challenges/Opportunities:

As was presented at the last Board of Health meeting, the Home Health project has encountered a number of challenges over the past few years. They include:

- Low staffing
- Patients who tend to have chronic illnesses that will not resolve easily
- Changing funding in both Medicaid and Medicare.

In order to manage the caseload, the project has had to limit the types of patients it will maintain. Patients who require more than one visit per day, or regular visits on weekends cannot be accommodated, and must be referred to another agency.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

The project cannot continue to function safely in such a fragile state. The Health Department has the opportunity to sell the Home Health agency.

Next Steps/Mitigation Strategies:

After the Board of Health vote in January to proceed with the sale, the matter was presented to the Board of County Commissioners (February 8, 2010), a legal notice was published in the Herald-Sun, and the Commissioners passed a formal resolution agreeing to the sale (February 22, 2010). Since then, the Health Department has entered into an agreement with Larson Allen for the services of a consultant (Ron Clitherow) to manage the process. Mr. Clitherow has met with the Deputy County Manager, Assistant County Attorney, County Finance Director, Health Director, Director of Nursing, and Program Manager. Next steps will include a public hearing, doing a Request for Proposals, selecting a buyer, and negotiating the sale. We will maintain staff in the project until all patients have been transitioned to other providers.

Division/Program: Environmental Health/General Inspections

Brief program description/statement of goals:

General Inspections objectives include the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other institutions. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. The prevention and control of communicable diseases are supported by these efforts.

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Issues/Barriers/Challenges/Opportunities:

- The Durham County Health Department's Environmental Health and Health Education Divisions are working together to implement House Bill 2, *An Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment*, and to educate Public Health employees, managers and employees of restaurants and other establishments, and members of the Durham County general public about this new law.
- On January 2nd, the Durham County Health Department hosted a celebration to kick off implementation of House Bill 2 at Tyler's Restaurant and Taproom in Durham's American Tobacco Historic District. In attendance were several members of Durham's Board of Health, a Durham County Commissioner, members of Durham County's youth tobacco prevention group, Teens Against Consuming Tobacco (TACT), and other community members and local leaders. This celebration generated news coverage by Durham's local media outlets.
- The North Carolina Tobacco Prevention and Control Branch (TPCB), Division of Public Health, provided grant funding to aid local health departments in their implementation of North Carolina's new smoke-free restaurant and bar law. Funding was made possible through TPCB by a grant from the North Carolina Health and Wellness Trust Fund. Durham received \$6,517 for Education and Implementation and \$1512 for restaurant and bar coasters.
- Education and Implementation funds have been used to: 1) Hire a Community Health Technician to distribute educational materials to targeted establishments. This individual has visited dining and lodging establishments throughout Durham County to meet with managers and discuss the provisions of House Bill 2. A primary focus is on bars and smaller food service establishments who are less likely to know about the law, and therefore be in compliance with its provisions and, 2) In the second half of the grant period several radio spots will run with Radio One to expand our outreach into the Durham community. These implementation and education activities will continue throughout the duration of the grant and beyond.

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- Restaurant and bar coasters have been distributed by Environmental Health staff to establishments under inspection.
- Environmental Health has received and investigated six (location) complaints of smoking law violations. Of this number, one establishment surrendered its food service permit to allow it to be exempt from the law. After two educational letters and one formal violation notice, another establishment was granted an exemption letter to operate as a Cigar Bar from the NC Department of Health and Human Services, Tobacco Prevention and Control Branch. This establishment will be required to submit quarterly verification to keep this designation. The remaining four establishments received an educational letter and materials and no further complaints have been received.

The Educational letter sent to establishments for the first two complaints contains specific information about the nature of the complaint and required corrective actions. It is signed by the Health Director.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

The number of violation complaints of the smoking law received by the Durham County Health Department has been limited. It is apparent that information about this law has reached most establishments required to comply as well as a high percentage of the general public. Staff time spent on enforcement related activities has been low during the two months following the law's effective date.

Next Steps/Mitigation Strategies:

Continue education and implementation activities.

Division/Program: Environmental Health/ On-Site Water Protection (OSWP)

Brief program description/statement of goals:

To prevent and control the spread of communicable disease by providing mandated enforcement of state regulations and rules as they apply to the permitting and inspection of septic systems, water supply wells, and swimming pools.

Issues/Barriers/Challenges/Opportunities: Falls Lake Legislation

- Environmental Health staff has continued to devote significant amounts of time focused on Falls Lake Nutrient Management (SB 1020) issues. There are several developments in this process of which the Board of Health should be aware.
- The Environmental Management Commission will meet this month. Approval is expected to present the draft rules for public comment. Cost assessments will be presented to DWQ.

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- The newest version of the draft rules addresses actions to be taken regarding septic systems. Malfunctioning systems are to be addressed by, 1) connection to public sewer when available or 2) repair options beyond public sewer boundaries. Many of the repair options will potentially be very costly for homeowners.
- Future rule writing may address nutrient reduction through pre-treatment, pending more research and the results of Stage I implementation.
- Cost assessment has been completed for the 2200 septic and sand filter systems in Falls Lake watershed which have public sewer available at this time. The average cost for a gravity fall connection to sewer is approximately \$9000. Due to the age of these systems coupled with average system life expectancy, all 2200 are expected to need connection to public sewer by 2021. This is the end date for Stage I implementation. Projected cost of connection to public sewer for these systems is \$20 million, \$2 million per year for the next ten years. It should be understood that this cost assessment is not all inclusive. It does not include additional costs of approximately \$2000 per house for those needing to pump uphill to sewer connections. It does not include an additional \$20,000 if roads must be crossed. It also does not include cost projections for Environmental Health staff involvement.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

There is an old saying, "You get what you pay for." This is certainly the case as we consider Falls Lake nutrient management. The result will hopefully be cleaner water for the region for years to come and we should not diminish the value of our water, a precious resource. At the same time, projections to accomplish the Falls Lake Nutrient Management mandate for Durham city/county are approaching \$1 billion. Connection of 2200 systems to public sewer at a cost of \$20 million may be one of the cheapest initial strategies available considering the cost per pound of nitrogen and phosphorous removed from the environment. But an economic assessment based on the property values and annual household incomes within these areas cast a different light upon the issue. Some 62 % of the properties needing connection have values of less than \$150,000 with this same population group having annual household incomes of \$56,000 or less. The cost associated with connection to public sewer would range from 16% to 45% of the annual income for these owners.

One option proposed that has been discussed involves the reduction or waiving of fees associated with connection to public sewer. It appears this may not be an option for both financial and legal reasons. Because maintenance of existing infrastructure and creation of new infrastructure is often tied to bonds which promise an economic return to purchasers, fees cannot be reduced or waived. Other legal issues may also come into play.

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Next Steps/Mitigation Strategies:

- Continue to formulate strategies
- Bob Jordan, Water and Waste Supervisor, is exploring sources of grant assistance to assist with needed connections to public sewer as well as for research/data collection to measure actual nutrient loads.
- Environmental Health is exploring a partnership with City Storm-water in these grant proposals. By offering staff time and other resources, there is hope of providing the match often required by grants. Environmental Health will be pursuing other partners in this process.

A motion to adjourn the meeting was made and seconded and the motion was approved.

William H. Burch, R.Ph., Chairman

Gayle B. Harris, MPH, Health Director